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EXECUTIVE OFFICE OF HUMAN SERVICES

REPORT ON FEMALE OFFENDERS

June, 1987

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The Commonwealth of Massachusetts

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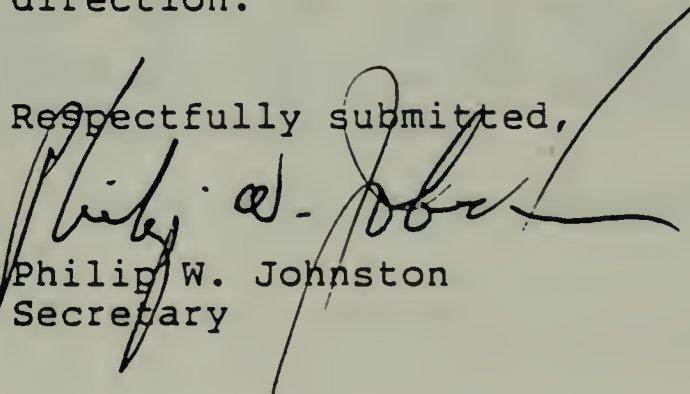
June 15, 1987

TO: Members of the Criminal Justice Community and
Human Service Professionals

The Executive Office of Human Services' 1987 Report on Female Offenders describes our effort to improve and expand services and programs for female offenders in the Commonwealth of Massachusetts. With the support of the Legislature, we have been successful in developing a number of placement and program options for women with special needs, particularly in the areas of mental health and substance abuse services. The Executive Office of Human Services is committed to continuing to build upon the progress we have made to date.

As we embark on a program of capital improvements to MCI-Framingham and construction of several new regional facilities for women's corrections, it is more important than ever to develop a long-term plan for maintaining high standards of services throughout the correctional system. This report represents the first step in that direction.

Respectfully submitted,


Philip W. Johnston
Secretary

PWJ/gb

1987 REPORT ON FEMALE OFFENDERS

Executive Summary

The 1987 Report on Female Offenders highlights progress made to date, future plans, and unresolved issues in servicing women incarcerated in the Commonwealth of Massachusetts. We have focused attention on four major program areas -- mental health, substance abuse, parenting, and education/employment -- and the plans for expanding and decentralizing women's corrections. Although our treatment of program areas is far from exhaustive, we believe it represents those areas with the greatest impact on the female offender population and the greatest potential for future initiative. A summary of the report's findings is outlined below.

I. Mental Health

The Department of Mental Health (DMH) and the Department of Correction's (DOC's) Psychological Services Unit have coordinated their responsibilities to build an expanded and more effective service network for female offenders. Improved service components include:

- * day treatment of chronically mentally ill women who are serving substantial sentences;
- * linkage with community mental health services upon release;
- * training and consultation to DOC staff;
- * plans for extension of mental health services to minimum-security and pre-release settings; and
- * a new 15-bed secure care unit for women, which DMH plans to have operational by the end of 1987, to provide intensive evaluation and treatment of seriously mentally ill women who are under court order.

Areas which could benefit from additional discussion include:

- * further expansion of training for DOC staff in mental health issues;
- * improved access to crisis intervention services;

- * continuity in services upon transfer to lower security; and
- * coordinated housing opportunities for mentally ill women upon release to the community.

II. Substance Abuse

a. Civilly Committed (Section 35) Women

A number of treatment alternatives have been developed to ensure appropriate placement of acutely alcoholic women civilly committed under M.G.L. c. 123A, section 35. These include:

- * detoxification programs contracting with the Department of Public Health (DPH) to prioritize Section 35 admissions and provide one-on-one attendant care; and
- * intensive in-patient treatment in a DPH-approved treatment facility -- placement options include a special Section 35 treatment program, private rehabilitation settings, and, where greater security is required, the Western or Eastern Massachusetts Correctional Alcohol Centers.

b. Sentenced Women

To expand treatment options for sentenced substance-abusing women beyond the traditional counseling/self-help services offered at MCI-Framingham, a number of programs have been developed. These include:

- * a plan to expand Southeastern Massachusetts' Pilot Parole Project to MCI-Framingham, which will enable selected parole-eligible inmates to be paroled on the condition that they follow through on an individually-tailored community treatment plan;
- * a plan to contract for 100 new substance abuse treatment beds for women;
- * a new third-offender DUI/DWI correctional facility, scheduled to open shortly in New Bedford, to complement the existing two third-offender and three second-offender facilities which are able to serve women;
- * a new substance abuse counselor at MCI-Framingham, who will provide services to women in the Awaiting Trial

and Health Services Units as well as to other women who are unable to access the traditional programs; and

- * specialized recovery support and health education services.

III. Parenting/Family-Related Services

a. Pregnant Inmates

DOC employs a Family Services Coordinator and a physician to provide pre-natal counseling and health care to pregnant inmates. Deliveries take place at area hospitals, and special arrangements are made for high-risk births. Because pregnant inmates are required to return to MCI-Framingham within 48 hours of delivery, DOC works with the inmate and, when appropriate, with the Department of Social Services (DSS) to ensure proper custody placement of the infant. Although there has been ongoing discussion of alternative ways to meet the special needs of pregnant inmates and their newborns, two proposals stand out:

- * Social Justice for Women is working to establish a privately-run residence which would serve as an alternative to incarceration for 13 pregnant offenders and their newborns. The highly-structured program would provide intensive substance abuse treatment, high-risk pregnancy management, parenting education and pre-natal care. Women would be required to remain in the program for at least six weeks post partum.
- * Affiliated Neighborhood Health Care, a coalition of health care practitioners specializing in high-risk pregnancies, has presented a plan for specialized on-site pre-natal care at MCI-Framingham. DOC has engaged in preliminary contract discussions with this organization.

b. Family-Related Services

Significant DOC accomplishments in the area of family-related services include:

- * a "visiting trailers" program at MCI-Lancaster which permits mothers and their children to have extended visits in a home-like setting;
- * the hiring of a parenting coordinator at MCI-Framingham; and
- * the addition of a "parenting room" at MCI-Framingham, where family visits can take place with parenting guidance in a living room setting.

Additional programs and services, including child custody advocacy, parenting workshops and assistance with children's visits, are offered by various service organizations.

IV. Employment, Education and Training

a. Employment Services

Two programs provide employment planning and counseling to women approaching release:

- * The Women's Employment Project provides on-site vocational counseling and follow-up services in the community; and
- * A new DOC initiative, "Connections," will offer comprehensive evaluations and vocational re-entry planning.

b. Education and Training

One-quarter of the women incarcerated at MCI-Framingham participate in educational programs, ranging from Basic Adult Education and Literacy to college coursework. Twenty percent (20%) participate in vocational skills programs, which offer training in electronics, horticulture and office skills. DOC has developed three program initiatives in this area:

- * a new Braille transcription program;
- * a new dental lab technician training program; and
- * expansion of the horticulture program to include an on-site greenhouse, which will enable previously ineligible women to participate.

In addition, a marketing consultant has been hired to reshape the future of prison industries, with the goal of increasing opportunities for inmates to develop marketable skills for future application in the community.

V. Expansion of Correctional Facility Capacity

Among the components of the Commonwealth's plan for system-wide expansion of correctional capacity which will affect female offenders are:

- * new construction and extensive renovation at MCI-Framingham, resulting in the addition of 120 beds;

- * the creation of female capacity at four new county jails and houses of correction, which will provide 175 regional beds for county-sentenced women; and
- * a DOC contract for 100 pre-release beds, some of which will supplement the 100 women's pre-release beds currently in operation.

A reassessment, through coordinated state and county planning, of how the female offender population will be served once the expansion plans come to fruition would ensure the most effective use of space and resources.

VI. County Initiatives

Because county facilities have generally been unable to accommodate women, responsibility for providing traditional legal and social services to county-sentenced women at MCI-Framingham has historically been a gray area. The Hampden County Sheriff has taken the lead in filling this gap by hiring a liaison to track and work with Hampden County women at MCI-Framingham. Suffolk and Middlesex Counties have followed suit with services to their awaiting trial women, and similar positions are under discussion in other jurisdictions.

VII. Conclusion

Addressing the special needs of female offenders must remain a priority in those state and county correctional facilities which house women. Recent initiatives have resulted in significant improvements, but a comprehensive plan for the future is imperative, particularly in light of the pending decentralization of women's corrections. To that end, we have recommended that a small advisory council be convened to participate in state and county planning for the long term, to ensure both continued programmatic gains and thoughtful allocation of available space and resources.

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I. MENTAL HEALTH

A. Division of Responsibilities

At MCI-Framingham, the Department of Mental Health and the Psychological Services Division of the Department of Correction have delineated their activities to ensure that the services that they provide are consistent with each agency's mandate.

Complementing the DOC and DMH services are 03 consultants and vendors with 07 contracts. The primary vendor providing psychopharmacology, crisis intervention and psychiatric services is People Care Inc.

Department of Mental Health

The Department of Mental Health is presently taking a comprehensive look at the needs of mentally ill women who become involved with the justice system. It is guided by the legislative definition of its priority population as those persons suffering from long-standing and serious mental illness. DMH wants to work towards the policy objective of providing its services on the basis of clinical need rather than legal status.

DMH sees the role of forensic mental health professionals as having four major components:

1. providing first-rate clinical and forensic assessments of any persons involved with the justice system whom the courts feel have serious mental health problems;
2. connecting persons who are in the DMH priority population with the services that they need (case management, inpatient, supported living, rehabilitation, etc.);
3. consulting with justice professionals (judges, probation, parole, corrections, police, etc.) concerning how to fulfill their responsibilities to offenders with mental health problems who are not in the DMH priority population; and

4. consulting with DMH staff and providers concerning mentally ill persons involved with the justice system so that the DMH system can improve service delivery.

At MCI-Framingham, DMH is now responsible for the care of women in the general population who have long-standing and serious mental illness, as well as for providing general services to the Awaiting Trial Unit between 9:00AM and 5:00PM on weekdays.

The DMH staff screen all mentally ill women who come to MCI-Framingham, help arrange for women who need to be in state mental hospitals to be transferred to such facilities, and also help mentally ill women who are being discharged from MCI-Framingham develop a link with community mental health services.

The Division of Forensic Mental Health will soon be providing day treatment services to a small number of mentally ill women who are serving substantial sentences and appear to be relatively stable in the MCI-Framingham environment.

DOC Psychological Services

The Psychological Services staff serves the general population at MCI-Framingham and offers therapy services to the non-mentally ill population. Issues relating to adjustment to incarceration are the primary focus of therapy offered by DOC. Additionally, the Psychological Services staff provides training and consultation to DOC staff and administrators regarding inmates with mental health problems. Presently, there are three full time and two half time principal psychologist positions at MCI-Framingham, whereas there was only one in 1984. The DOC provides:


1. long term counseling and psychotherapy on an individual and group basis to the sentenced population;
2. crisis intervention during the evening and weekend hours;
3. daily consultation to the Algon Unit staff (Algon cottage serves approximately 45 women---most require some special attention because of their mental health needs);
4. appropriate referrals to People Care, Inc.;
5. necessary services through an Hispanic psychologist; and
6. plans for the extension of services to minimum security and pre-release facilities at Hodder House and MCI-Lancaster.

B. Secure Care Unit for Mentally Ill Women Involved With the Justice System

The Department of Mental Health has received several responses to its Request For Proposals (RFP) for a 15 bed secure care unit for women. The primary goal of such a unit will be to provide clinical assessment, comprehensive forensic evaluation and short-term treatment for women with serious mental health problems who are under court order. The Department of Mental Health hopes to select a vendor within the next several months, hire a full staff in July and August, and begin to accept patients in August or September.

C. Areas Requiring Further Attention

Screening and Evaluation: There is a need for the continued development or expansion of an ongoing training program in psychological screening and evaluation for DOC staff members at MCI Framingham who make the majority of mental health referrals.

Crisis Intervention: People Care presently bears the contractual responsibility for crisis intervention services. However, People Care staffers are too few, and they are generally inaccessible on weeknights or weekends. DOC Psychological Services have struggled to fill the void. Further efforts must be made to ensure that crisis intervention services are available at all times to anyone who is in need of such services. 

Hodder House and Lancaster: Hodder House houses 35 pre-release and minimum-security level women while Lancaster houses 50 women, fairly evenly divided into minimum or pre-release status. Both facilities stress the need for the DOC psychologist to be able to continue the therapeutic relationship established at MCI-Framingham once a woman has moved on to Hodder House or MCI-Lancaster. Increased attention should be given to facilitating this arrangement.

Community Beds: Too often, women inmates with serious mental health problems leave MCI-Framingham without an adequate housing plan. These offenders most often serve short sentences for minor offenses, and they frequently leave MCI-Framingham only to wind up at a shelter. It is recommended that the DOC work in tandem with the Department of Mental Health and the Executive Office of Communities and Development to ensure that female offenders who are chronically mentally ill can take advantage of the housing and residential services planned for the next five years.

II. Substance Abuse

A. Section 35 Women

1. Treatment Alternatives for Section 35 Women

In response to the need for treatment alternatives for acutely alcoholic women civilly committed under Chapter 123, section 35, a plan with several components has been implemented, which includes: (1) alcohol detoxification provided by the publicly funded detoxification system and private facilities; (2) short term intensive inpatient treatment in a publicly funded 20-bed facility or in other appropriately licensed hospitals or freestanding facilities; (3) placement in one of two secure backup facilities provided by the Department of Correction for clients who will not voluntarily stay in non-secure facilities; (4) referral to appropriate aftercare services at the end of inpatient stay; and (5) transportation between these different facilities.

This plan is a first response to the serious deficiencies in services for women committed under section 35; it will need revisions and input from the provider community, the courts, law enforcement, and other human service agencies. Continued cooperation and communication with all parties involved will be essential for its successful operation.

2. Role of the Court in Section 35 Cases

Technical assistance in the assessment process will be available to the courts from the outpatient counseling system in instances where the court has some doubt about the allegations of the petitioner or the extent of the alcohol problem. The outpatient program would assess the person and/or evaluate the testimony and make recommendations. This consultation will include discussions with family members and other individuals involved in the commitment process whenever possible.

Once the decision to commit a client has been made, the court contacts the detoxification facility in the area which

accepts Section 35 clients. The court is responsible for providing transportation to the detoxification program.

3. Role of the Detoxification Program

There is now at least one publicly funded alcohol detoxification program under contract in each region to accept Section 35 admissions on a priority basis. It is anticipated that a number of private detoxification facilities will also serve Section 35 women.

Programs contracting with DPH are expected to provide one-on-one attendant care for Section 35 clients. Attendants are responsible for maintaining close supervision of the client at all times. Attendants will not provide formal counseling services or direct care and are classified as support staff.

These detoxification programs are not secure facilities and it is not expected that they will be able to restrain clients. The responsibilities of the detoxification program are to accept Section 35 referrals on a priority basis; to provide a structured, supervised environment for clients; to notify the court if the client leaves against the recommendation of the facility; and to notify the police if the client leaves under the influence of alcohol and is of danger to herself.

As soon as the client is detoxified, transfer to a rehabilitation facility should be expedited. The rehabilitation facility will provide transportation from the detoxification program to the rehabilitation program.

4. Rehabilitation Facility

The Department of Public Health has a contract with Massachusetts Osteopathic Hospital (MOH) for a twenty bed inpatient treatment program for women committed under Section 35. MOH is a general hospital and medical center located on South Huntington Avenue in Boston. The alcoholism treatment program will be located in a separate ward and services provided will be similar to those in short-term intensive inpatient treatment programs. Private rehabilitation facilities will also be encouraged to continue to serve section 35 women. All programs must meet or exceed the relevant licensing and regulatory requirements.

Clients will be treated in the rehabilitation program for the remainder of their commitment periods (up to 30 days). However, if at admission, the client wishes to enter longer term treatment in a recovery home setting, placement would be made as soon as possible. Aftercare planning will be an integral component of treatment, and referral to community-based drug and

alcohol treatment programs and other human services resources will be stressed.

While section 35 women reside at the MOH, they will be evaluated by Jack Mendelson, a nationally known alcoholism expert at McLean Hospital. It is anticipated that these evaluations will provide valuable insights into the nature of the problems of alcoholic women and will serve as a basis for policy recommendations regarding long-term care of alcoholic women.

The Department of Public Health will promulgate a list of all public and private detoxification and rehabilitation programs that have been approved for Section 35 commitments; only these DPH-approved facilities will be used.

5. Client Assessment/Inappropriate Clients

At every stage in the section 35 process, the program has a right to review the situation and characteristics of the client. If it becomes apparent that the client cannot be safely and properly cared for in the program's facility, the court must be notified. The court in turn will have the option of referral to either the Western or Eastern Massachusetts Correctional Alcohol Center; each will provide a more secure environment for the small number of clients who cannot be served in a non-secure facility. The Department of Mental Health will also be involved in the evaluation of clients who are potentially dual diagnosis and who may need additional or alternative services.

B. Pilot Parole Project

The Pilot Parole Project, which has been operating in five Southeastern Massachusetts state and county correctional facilities since October 1985, will be extended to MCI-Framingham this summer. The Project is a cooperative venture by the Parole Board, DOC and DPH under which inmates are screened at intake for substance abuse problems and amenability to treatment. Parole officers are trained in conducting substance abuse assessments, and receptive community-based treatment programs are identified and placed under contract both to assist with developing treatment plans and to accept referrals from the Parole Board. Selected parole-eligible inmates who demonstrate a willingness to undergo treatment as a condition of parole are linked with community service providers as part of the parole agreement.

Extension of this project to MCI-Framingham represents a significant addition to substance abuse services at that facility. While it will serve only a limited number of self-motivated women, those women will be granted maximum opportunity to take advantage of individually-tailored treatment

plans upon their return to the community. Continued agency cooperation and community outreach are vital to the success of this effort.

C. Substance Abuse Request For Proposals

At the suggestion of Governor Dukakis, the Anti-Crime Council, and the Special Commission on Correction Alternatives, the Department of Correction issued an RFP for 100 substance abuse treatment beds for women. One proposal was submitted, and it is currently under review. This vendor will be unable to meet DOC's objective of 100 beds, however. To make up the difference, a second RFP will be issued, designed to attract smaller vendors who may not have felt able to respond to the original.

D. Second Offender DUIIL Programs

Lakeville, Middlesex County Hospital, and Rutland all have the capacity to serve 2nd offender women. There is not a cap on the number of women the 2-week programs can serve; each hospital will expand its capacity to meet the need.

E. Third Offender DUIIL Programs:

Presently, two 3rd offender programs have the capacity to serve women: Longwood and the Western Massachusetts Correctional Alcohol Center. Within the next few weeks, the Eastern Massachusetts Correctional Alcohol Center will open at the former St. Mary's Home in New Bedford; it will also have the capacity to serve 3rd offender women. Like the 2nd offender programs, the capacity of the 3rd offender programs can expand to meet the need.

F. Direct Services

At MCI-Framingham there are a number of 07 contractors who provide voluntary substance abuse counseling. Currently, SPRING offers alcohol treatment in the form of a four week educational series, an eight week short-term treatment and re-entry program, two weekly peer support groups and a monthly speakers series. SPAN offers group and individual counseling, as well as re-entry planning, for drug users who are within 6-12 months of release. Narcotics Anonymous and Alcoholics Anonymous meetings are held regularly.

Also, on January 12, 1987 the Department of Correction hired an in-house substance abuse counselor who will provide substance abuse counseling services for women in the awaiting trial and health services units and general population inmates who lack the ability to enter voluntary group substance abuse programs.

Additional direct services of particular benefit to substance-abusing women include a positive lifestyle support program, "Living With Recovery," offered by the Women's Health and Learning Center, and a number of AIDS education services, which will continue to evolve under the guidance of both legislative and executive recommendations.

III. Pregnant Women Inmates

A. Pre-Natal and Delivery Services

Pregnant women inmates are housed in the general population at MCI-Framingham until the last month of pregnancy, when they are moved to the health services unit for proximity to medical attention. Approximately five women per year give birth while in DOC custody. Pre-natal counseling is provided by DOC's Family Services Coordinator, and obstetric/gynecological care is provided on-site by a physician. In addition, the Women's Health and Learning Center offers pre-natal classes and support services, as well as the assistance of a labor coach. The majority (80%) of pregnant inmates have been diagnosed as high risk for medical complications due to substance abuse and related health problems, and hospital deliveries are arranged for these women on an individual basis; all other deliveries take place at Framingham Union Hospital.

B. Newborn Custody Issues

DOC policy requires that inmates be returned to MCI-Framingham within 48 hours of delivery. The Family Services Coordinator helps the mother plan arrangements for care and custody of the newborn during pre-natal counseling sessions. DSS is notified if appropriate family members are not available to care for the child. At the time of delivery, a hospital social worker also works with the mother to ensure proper custody placement. For high-risk pregnancies, the hospital automatically files a 51A with DSS, which then conducts an investigation to ensure that the health and custody needs of the infant are met.

C. New Program Proposals

1. Special Residence

A very exciting proposal for a privately run residence for pregnant women inmates is being circulated by Social Justice for Women in an effort to gain support from both the public and private sectors. The Dimock Community Health Center has a building, an old laundry, which it would like to renovate and turn into a facility that could serve 13 pregnant women and

their newborns. The program would be a six month program designed to offer comprehensive prenatal care, high-risk pregnancy management, substance abuse treatment and parenting education to pregnant offenders. Women would enter the program voluntarily as an alternative to incarceration.

On the capital side, Dimock has received a \$52,000 grant from the City of Boston's Public Facilities Department, to be used for renovation and design plans. They are also seeking funding from the Thrift Fund, the Land Bank and other sources.

Renovation costs are approximated at \$985,000. Schematic drawings are presently being done, and a detailed budget breakdown should be developed by the beginning of April. This project will require that \$75,000-\$100,000 be raised in equity from private foundations.

On the operating side:

- a. With the Lend Program application, Social Justice for Women will also submit an application for thirteen 707 rent subsidies (or \$70,200/year toward rent costs). The 707 rent subsidies are a key component of this project.
- b. The operating budget is presently calculated at \$475,000.
- c. Social Justice for Women will be responding to a DPH, Division of Alcoholism and Drug Rehabilitation, Request For Proposals that will be issued on April 14. DPH will announce the award of the contract in June. This RFP is for the delivery of residential substance abuse treatment services to pregnant women. The total amount is \$274,000 for 10 pregnant clients and their dependent children.
- d. Social Justice for Women has been meeting with the Department of Correction regarding their proposal and the possibility that the Department may contract for beds. Commissioner Fair has expressed support for the project.

2. On-Site Pre-Natal Clinics

A group of health care practitioners affiliated with Boston City Hospital has proposed a promising new program for on-site pre-natal care of pregnant inmates at MCI-Framingham. This group, Affiliated Neighborhood Health Care, specializes in managing high-risk pregnancies, which are predominant among incarcerated expectant mothers. A presentation of program

alternatives, including holding clinics at MCI-Framingham and providing assistance with high-risk deliveries, was well received by the Department of Correction. Formal arrangements for initiating the program---either contracting directly with MCI-Framingham or subcontracting with DOC---are currently under discussion.

IV. Family-Related Services

Accomplishments in this area include:

- . establishment of the visiting trailers program at MCI-Lancaster which permits mothers and children to have extended visits in a less institutional, more "home-like," setting;
- . the expansion of family-related services to the incarcerated population at Framingham, including the hiring of a parenting coordinator, construction of a children's play room in the visiting area, and development of a parenting room where one family can visit in a living room setting; and
- . support programs offered by outside service providers, including Aid to Incarcerated Mothers, which offers child custody advocacy and arranges children's visits, and the Women's Health and Learning Center, which offers an ongoing parenting workshop called "Mothering From A Distance."

V. Employment, Education and Training Programs

A. Employment

The Women's Employment Project (WEP) is jointly funded by the City Mission Society and the Boston Employment Resource Center (BERC). This program provides employment services to incarcerated women while they are at MCI-Framingham and continues with follow-up services in the community. On-site counseling groups include a 3 week pre-employment group and an 8-week employment support group.

The WEP Director and three interns work at the facility so that they can provide employment counseling on an individual basis. Community follow-up is provided by BERC.

Complementing this effort is a new initiative known as "Connections." Three contracted staff (2 DOC employees, 1 Parole employee) will offer comprehensive evaluations and vocational re-entry planning for female offenders. At this

time, the roles and responsibilities of WEP and Connections are being clarified; there is agreement that overlapping responsibilities should not be problematic given the large numbers of women requiring services.

B. Education and Training

On-site education and skills training programs are provided to women at MCI-Framingham. Academic programs include:

- . Pre-GED Classes
- . Individualized GED preparation
- . Adult Basic Education
- . GED preparation (Group Sessions)
- . Special Education, Literacy Development (new)
- . Computer Literacy
- . Correspondence Courses

At this time, 25% of the inmates participate in these courses. There is not a standard method of defining enrollment, however; even an inmate who attends a single session at any point during her incarceration is counted as an enrollee.

The community college program focuses on three areas:

1) English composition; 2) child psychology; and 3) mathematics. Fewer than 7% participate in the college program.

The vocational skills program includes:

- . the new electronics program
- . horticulture
- . typing
- . word processing

Presently, 19% of the eligible prison inmates participate in the vocational skills program.

MCI-Framingham's prison industries program consists of flag making, microfilming and silk-screening---all activities with little potential for future application in the community. In an effort to expand the opportunities for women inmates to develop marketable skills, DOC recently hired a marketing consultant who will evaluate the program and make recommendations based upon the skill levels of the inmates and the forecast for the Massachusetts economy.

The short sentences of many women inmates inhibit achievement in vocational and educational programs and prison industries. It is also difficult to coordinate institutional programming and pre-release planning. These areas could benefit from further attention.

C. New Program Initiatives

Three new DOC program initiatives at MCI Framingham which should be highlighted include:

- . Braille Transcription Program - An individual has been hired and trained to direct this program. At this time MCI-Framingham is waiting to receive the necessary equipment such as computers, printers and the transcription devices.
- . Dental Lab Technician Program - The staff for this program have recently been hired and are currently being trained. Site renovations are scheduled to be completed by the beginning of May. This program should be operational by the summer of 1987.
- . Horticulture Program Expansion - The Horticulture Program recently has been expanded to include an on-site greenhouse which will allow higher security inmates to have access to the program.

Several new positions have been filled since January 1987. Those positions include:

Avocations Director
Substance Abuse Counselor
ATU County Administrator/Liaison
Hodder House Visiting Trailer Coordinator
Special Education Teacher
Electronics Program Director
Braille Transcription Program Director
Dental Lab Technician Program Director
Employment-Training Program Staff (3 positions)

Additionally, the following positions are currently awaiting contract approval:

Community Services Director
Dance Teacher/Therapist
Chapter I Liaison

VI. Expanded Correctional Facility Capacity

A. State/County Planning

Coordinated, thoughtful planning for additional capacity for female offenders is necessary for the development of a system which best serves the special needs of that population. Coordinated planning by the state and the counties is

particularly important in light of the fact that, since the execution of the Framingham Master Study, \$24 million has been appropriated for the development of regional women's facilities. It is critical that the Master Study's planned renovations and construction at MCI-Framingham be re-evaluated in tandem with the development of plans for regional facilities. Such factors as the difficulties associated with incarcerating women far from their homes and community resources, and the programmatic advantages of having substantial numbers of women housed in a centralized facility, must be carefully weighed.

B. County Capacity

To date, county beds for female offenders have opened up in Hampshire County (6 ATU only), Franklin County (two--to be expanded to 5 after capital improvements) and Berkshire County (7 ATU and committed women). Within the next few months the Essex County Sheriff's Department will begin to house women in the Lawrence Correctional Alternative Center. Tentative plans include reserving space for up to eight women. The Sheriff and his staff are reviewing female commitment statistics and are receptive to the prospect of including Middlesex County female offenders.

In addition, it has been generally agreed that the \$24 million earmarked for regional women's facilities will best be spent if it is used to add women's beds to four new jails and houses of correction already in the pipeline. Those four counties have been tentatively identified as Suffolk County, Hampden County, Bristol County and Essex County. Questions about the population caps in Hampden and Suffolk counties must be resolved before plans for women can be finalized. A very rough estimate indicates that once construction in the counties is completed, over 175 women could be housed in county facilities in total; this figure includes the capacity anticipated in Franklin, Hampshire and Berkshire counties.

C. The Framingham Master Study

The Framingham Master Study calls for the construction of a new administration building, a new perimeter fence, and renovation of the health services and awaiting trial units. A total of 120 beds, divided into 60 ATU beds, 30 segregation beds, and 30 special housing beds, are to be added to the present facility.

The study called for the construction of the new building first, and upon its completion, renovation work at the health services unit and the awaiting trial unit would begin. The Framingham Master study was approved in April, 1984. DCPO contracted with a designer in August 1986.

Unfortunately, the design work has been delayed. According to the Division of Capital Planning and Operations, a form of plant life which indicates the presence of wetlands was observed this fall at the site where construction was to begin. An environmental assessment has been conducted, and the final evaluation will be completed later this spring. Meetings with the Town Conservation Commission are expected to take place during May.

D. Pre-release beds

Thirty five pre-release beds at Hodder House and fifty pre-release beds at MCI-Lancaster are currently available. Another 15 beds are contracted by DOC with Charlotte House in the City of Boston. These contracted beds are critically located because many pre-release eligible women are from the City of Boston.

DOC has funds available for 100 additional pre-release beds for men and women, but has had great difficulty in attracting vendors who have the capacity to site a building. Because of this problem, DOC has developed an alternative strategy calling for state siting and DOC program operation. Requests for Proposals designed with these new criteria have been advertised.

At the same time, new creative approaches for attracting vendors to serve pre-release women should be considered, including the active solicitation of vendors who might be interested in running small, staff intensive programs for special populations (i.e. women with serious mental health/homelessness issues who commit minor offenses). A concerted effort should be made to reach out to vendors running residential programs for battered women, alcoholic women, juveniles and the mentally ill, and to educate them about women inmates in order to minimize the stigma attached to female offenders. It is also critical that any new RFPs which are drafted make it absolutely clear that proposals for less than 100 beds will receive full consideration by DOC.

VII. County Initiatives

The Hampden County Sheriff's department, in conjunction with the Springfield YWCA, took the lead in fashioning services for Hampden County women awaiting trial or committed to MCI-Framingham. A special liaison position was created in 1981. Middlesex County followed suit with services for their awaiting trial women and Suffolk is in the process of interviewing for a caseworker so that they will also be able to track their awaiting trial women. Once females inmates are housed at the Lawrence Correctional Alternative Center (LCAC), the Essex County Sheriff plans to add a similar liaison position. The services provided through these liaisons include:

1. Contacting legal counsel on behalf of inmates;
2. Providing para-legal services, including filing Speedy Trial Motions, processing jail credits, assisting with preparation of motions to revise and revoke sentences, and preparing documentation for bail appeals before a Superior Court judge;
3. Providing individuals with casework services addressing each one's psychological, educational, vocational, family and financial needs;
4. Developing a plan of service based on referral to agencies within the each one's communities;
5. Referring women to drug and alcohol rehabilitative programs and facilitating their acceptance when an alternative to incarceration is appropriate;
6. Assisting women in attaining legal aid to represent their interests at DSS custody hearings and violation of parole hearings;
7. Developing with both the Department of Social Services and incarcerated women long term placement plans for the offenders' children; and
8. In the case of Hampden County, providing aftercare services for women who require assistance in locating housing or employment.

VII. Conclusion

In summary, female offenders have benefited from some productive discussion over the past several years. Significant progress has been made in important program areas, and additional improvements are in the pipeline. As we have noted, however, several initiatives continue to require careful attention and new issues have arisen.

In particular, the pending decentralization of women's corrections has serious implications for future service delivery. To ensure that recent programmatic improvements are not undercut as county-sentenced women are relocated to regional facilities, we recommend that a small advisory council be convened to assess the impact of the decentralization on female offenders and to participate in long-term state and county planning. This advisory council would work closely with county sheriffs and state policymakers to develop a comprehensive plan for women's corrections, ensuring equal opportunity, quality programming and priority attention to the special needs of female offenders.

